

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		IND.		IND.		IND.		IND.	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9							59									
10							60									
11							61									
12							62									
13							63									
14							64									
15							65									
16							66									
17							67									
18							68									
19							69									
20							70									
21							71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.							TOTAL IND.									
TOTAL DEP.							TOTAL DEP.									
TOTAL CLAIMS							TOTAL CLAIMS									